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FACSIMILE TRANSMISSION**DATE:** May 17, 2005**TO:** EXAMINER BEVERLY FLANAGAN**FACSIMILE NO.:** 703-872-9306**FROM:** John G. Posa**PAGES TRANSMITTED (INCLUDING COVER SHEET):** 9**ORIGINAL DOCUMENTS WILL** _____ **/ WILL NOT** X **FOLLOW BY MAIL****RE:** SN 10/827,493**MESSAGE:**

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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. MMC-10902/29
Applicant(s): Temple			
Application No. 10/827,493	Filing Date April 19, 2004	Examiner Flanagan	Group Art Unit 3739
Invention: HEATER FOR SURGICAL VIEWING INSTRUMENTS			
<p>I hereby certify that this <u>Amendment, Amendment Transmittal Letter</u> <small>(Identify type of correspondence)</small></p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703/872-9306</u>)</p> <p>on <u>May 17, 2005</u> <small>(Date)</small></p> <div style="text-align: right; margin-top: 100px;"> <u>Sheryl L. Hammer</u> <small>(Typed or Printed Name of Person Signing Certificate)</small>  <small>(Signature)</small> </div>			
<p>Note: Each paper must have its own certificate of mailing.</p>			

AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No. MMC-10902/29	
Applicant(s): Temple					
Application No. 10/827,493	Filing Date 04/19/2004	Examiner B. Flanagan	Customer No. 25006	Group Art Unit 3739	Confirmation No. 3298
Invention: HEATER FOR SURGICAL VIEWING INSTRUMENTS					
COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	4 -	20 -	0	x \$25.00	\$0.00
INDEP. CLAIMS	1 -	3 -	0	x \$100.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 07-1180 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
John G. Posa Reg. No. 37,424 Gifford, Krass, Groh, Sprinkle et al PO Box 7021 Troy, MI 48007-7021 Tel. 734/913-9300			Dated: May 17, 2005 <div style="border: 1px solid black; padding: 5px;"> I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" (37 CFR 1.6(a)) on _____ <div style="text-align: center;">(Date)</div> <div style="text-align: center;">_____ Signature of Person Mailing Correspondence</div> <div style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</div> </div>		
cc:					

MAY 17 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Temple

Serial No.: 10/827,493

Group No.: 3739

Filed: April 19, 2004

Examiner: B. Flanagan

For: HEATER FOR SURGICAL VIEWING INSTRUMENTS

AMENDMENT

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed February 17, 2005, please amend the above-referenced application as follows:

GIFFORD, KRASS, GROH, SPRINKLE, ANDERSON & CITKOWSKI, P.C. 2701 TROY CENTER DR., SUITE 330, P.O. BOX 7021 TROY, MICHIGAN 48067-7021 (248) 847-6000